CSAP

Substance Abuse Resource Guide

Youth In Low Income Environments

From the Director of CSAP...

CSAP recognizes that youth in low-income environments face tremendous pressures every day. Economic, social, environmental, and familial complications put these youngsters at high risk for developing substance use problems. We at CSAP have heard the requests for more prevention information specifically designed for those working with young people in rural and urban settings.

This Resource Guide provides research, information, and referrals to assist youth and family members, as well as the community leaders and prevention specialists who work with them. We are now delighted to share it with you.

Elaine M. Johnson, Ph.D.

Office of Minority Health
Resource Center
PO Box 37337
Washington, DC 20013-7337

SAMHSA
Center for Substance Abuse Prevention
PreventionWORKS!

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This Substance Abuse Resource Guide was compiled from a variety of publications and data bases and represents the most current information to date. It is not an all-inclusive listing of materials on this topic. This guide will be updated regularly, and your comments or suggestions are welcome. To suggest information or materials that might be included in future editions, please write to the National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20847-2345.

For further information on substance abuse, call 1-800-729-6686, 301-468-2600, or TDD 1-800-487-4889. Or visit us on our World Wide Web site at http://www.health.org.

Please feel free to be a "copy cat," and make all the copies you want. You have our permission!

Prevention Materials

Materials for Youth and Family Members

Tips for Teens
Organization: Center for Substance Abuse Prevention
Year: 1994
Format: Brochure
Length: 1 page
Target Audience: Youth ages 12-20
Inventory Number: See Below
Availability: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686. (free)

Each of these colorful trifold brochures present facts and resources on the following subjects: alcohol (PH323), crack and cocaine, (PHD640), hallucinogens (PHD642), marijuana (PHD641), inhalants (PHD631), and smoking (PHD633). Designed to attract attention and concern, the brochures state the long-term and short-term effects, physical and psychological risks, impact on sexual performance, and legal implications. Teens are advised to stay away from all drugs and encouraged to seek help from a counselor, friend, or parent whenever necessary. Also available on audiocassette.

Keeping Youth Drug-Free: A Guide for Parents, Grandparents, Elders, Mentors, and Other Caregivers
Organization: National Clearinghouse for Alcohol and Drug Information
Year: 1995
Format: Book
Length: 35 pages
Target Audience: Parents, General Public
Inventory Number: PHD711
Availability: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686. (free)

Keeping Youth Drug-Free is a four-color, graphically appealing guide targeting the caregivers of children ages 9 to 13. Divided into five sections, this guide is based on the five reasons young people give for using alcohol, tobacco, and other drugs. The guide provides role-playing and skill-building exercises to help prevent alcohol, tobacco, and other drug problems.

Growing Up Drug Free: A Parent's Guide to Prevention
Organization: U.S. Department of Education
Year: 1992
Format: Book
Length: 52 pages
Target Audience: Parents, General Public
Inventory Number: PHD533
Availability: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686. (free)

This colorful handbook outlines what children at four key stages of development should know about drugs and suggests family activities to reinforce children's motivation to avoid alcohol and other drugs. Also available on audiocassette and in Spanish.

How to Take Care of Your Baby Before Birth
Organization: Center for Substance Abuse Prevention
Year: 1991
Format: Brochure
Length: 4 pages
Target Audience: Pregnant Women and Teenagers
Inventory Number: PH239 (English), PH240 (Spanish)
Availability: National Clearinghouse for Alcohol and Drug Information, P.O. Box

2345, Rockville, MD 20847-2345; 800-729-6686. (free)

This low-literacy brochure outlines healthy habits for pregnancy. Avoiding alcohol, cigarettes and all other drugs is strongly emphasized.

"Get High, Get Stupid, Get AIDS" Campaign Materials

Organization: National Institute on Drug Abuse
Year: 1993
Format: Posters, Print advertisement, Brochure
Target Audience: Youth and Young Adults
Inventory Number: See Below
Availability: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686. (free)

NIDA's AIDS-awareness campaign features four print materials that correspond with the messages seen in the television PSAs. Two colorful cartoon posters, entitled "Self-Realization--Jeanine" (AVD66) and "Self-Realization--Barry," (AVD65) humorously provide a palatable and compelling message for young adults, of any ethnic background, that drug and alcohol abuse can lead to deadly HIV infection. A full-color print ad, "Facing Reality" (AVD67) features Jeanine and Barry in a similar cartoon sequence. A pamphlet entitled "How Not to Get High, Get Stupid, Get AIDS: A Guide to Partying" (PHD622) suggests ways that young adults can modify their behavior so that they can still have fun, but avoid irreversible mistakes, such as using drugs and alcohol and having risky sex.

How Getting High Can Get You AIDS

Year: 1991
Format: Brochure
Length: 2 pages
Target Audience: Sr. High School Youth, General Public
Inventory Number: PHD573

Availability: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686.

This colorful fold-out leaflet, enlivened with comic-book style drawings, takes a serious look at why getting high on drugs can cause risky behavior and why AIDS is another way drugs can kill. Also available on audiocassette.

About Inhalants

Organization: Channing L. Bete Co., Inc.
Year: 1993
Format: Booklet
Length: 15 pages
Target Audience: Jr. and Sr. High School Youth, General Public
Item Number: 38224
Availability: Channing L. Bete Co., Inc., 200 State Road, South Deerfield, MA 01373-0200; 800-628-7733. ($$)

Comprehensive and easy to read, this booklet discusses inhalant abuse, including the harmful effects and signs of use. It also explains why some people use inhalants, and what can be done to intervene and where to obtain more information.

Let's Talk About Marijuana: An Information and Activities Book

Organization: Channing L. Bete Co., Inc.
Year: 1994
Format: Booklet
Length: 8 pages
Target Audience: Children ages 9-12
Item Number: 57125A
Availability: Channing L. Bete Co., Inc., 200 State Road, South Deerfield, MA 01373-0200; 800-628-7733. ($$)

This activity booklet conveys information about the dangers of smoking marijuana, why some young people use marijuana, and how to say "no." Activities include crossword puzzles, fill in the blanks, and decoding puzzles.

Marijuana: The Personal Effects

Organization: Life Skills Education
Year: 1994
Format: Booklet
Length: 13 pages
Availability: Life Skills Education, 314 Washington Street, Northfield, MN 55057; 800-783-6743. ($$)

This booklet provides the reader with information about marijuana and how using it adversely affects development in teenagers. It explains how marijuana negatively affects thought processes, communication, and self-image. The booklet also refutes common misconceptions, such as "lots of people do it," or "it's no worse than cigarettes or alcohol."

Advice for American Indian Women for a Safer Pregnancy and Healthier Baby

Organization: Indian Health Service
Year: 1994
Format: Brochure
Length: One page
Target Audience: Native Americans, Women, Pregnant Women, and Teenagers
Inventory Number: IHS005
Availability: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686. (free)

Brief and easy-to-read, this pamphlet lists the "dos" and "don'ts" of pregnancy. Tips include a strong no-use message for alcohol, tobacco, and other drugs. It also advises "You can play a major part in helping your baby get a good start in life. Be careful with your body while pregnant, for it is also your baby's home. This will help the baby for the rest of his/her life."

What Can a Man Do to Help His Wife and Unborn Baby?

Organization: Indian Health Service
Year: 1994
Format: Brochure
Length: One page
Target Audience: Native Americans, Men
Inventory Number: IHS003
Availability: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686. (free)

This brief and easy-to read pamphlet explains that fetal alcohol syndrome is permanent, but can be prevented if the mother does not drink while pregnant. Ways an expectant father can support his mate include encouraging her to get frequent medical checkups; avoid all alcohol, tobacco, and other drugs; and practice other healthy habits.

Materials for Prevention Specialists and Community Leaders

An African-Centered Model of Prevention for African-American Youth at High-Risk

Organization: Center for Substance Abuse Prevention
Year: 1993
Format: Book
Length: 100 pages
Target Audience: Prevention Specialists, Community Leaders
Inventory Number: BK199
Availability: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686.

This report of a 2-day conference explores practical ways of addressing African-American youth at high risk in a culturally relevant manner. The authors examine the role of culture in AOD use, contemporary values in the African-American community that provide resistance to AOD abuse, and socioeconomic conditions that contribute to AOD abuse.

Out of the Shadows: Building an Agenda and Strategies for Preventing HIV/AIDS in Street and Homeless Youth

Organization: Center for Population Options
Year: 1990
Format: Book
Length: 33 pages
Target Audience: Policymakers, Prevention and Treatment Professionals
Availability: Advocates for Youth, Publications Department, 1025 Vermont Avenue NW, Suite 200, Washington, DC 20005; 202-347-5700. ($$)

This publication discusses building an agenda and strategies for preventing HIV infection and AIDS among street and homeless youth. This report shows the connection between HIV and drug use, homelessness, AIDS, and other issues. It addresses the varied origins of these problems and how to best prevent them.

Beer and Fast Cars: How Brewers Target Blue-Collar Youth through Motor Sport Sponsorships

Organization: AAA Foundation for Traffic Safety
Year: 1990
Format: Book
Length: 103 pages
Target Audience: Policymakers, Administrators, Prevention Specialists
Availability: The Marin Institute for the Prevention of Alcohol and Other Drug Problems, Resource Center, 24 Belvedere Street, San Rafael, CA 94901; 415-456-5692. ($$)

Traffic accidents are the leading cause of death for teenagers, taking 4,000 lives annually. Young males from blue-collar backgrounds are particularly likely to die in alcohol-related crashes. They tend to drink beer and drink to the point of intoxication more often than peers in other demographic groups. This report finds that beer manufacturers are spending up to $50 million per year on motor sports sponsorships. The report documents how American beer companies link beer and fast cars in a carefully crafted effort to promote beer, especially among working class youth and young adults who are part of the "car culture." The report advocates an eventual ban on sponsorship of motor sports by alcohol companies.

Youth Involvement: Developing Leaders and Strengthening Communities

Organization: U.S. Department of Housing and Urban Development
Year: 1990
Format: Book
Length: 46 pages
Target Audience: Community Agencies, Community Leaders, Educators
Availability: Drug Information and Strategy Clearinghouse (DISC), P.O. Box 6424, Rockville, MD 20849; 800-578-3472. (free)

Although youth participation is a good idea, it is not necessarily easy to put into practice. This book provides an overview of how to build and maintain effective youth participation programs, including practical tips for program development, how to involve community partners, and a resource list. The author examines how youth participation helps promote healthy adolescent development and helps a community reinforce responsible behavior.

Project ALERT: A Drug Prevention Program for Middle School Students

Organization: BEST Foundation for a Drug-Free Tomorrow
Year: 1995
Format: Classroom Material
Length: Includes Teacher's Manual, Teen Leader's Manual, 11 Lesson Booklets, 11 Classroom Posters, 10 Videotapes, Student Certificates
Target Audience: Educators
Availability: BEST Foundation for a Drug-Free Tomorrow, 13701 Riverside Drive,

Suite 800, Sherman Oaks, CA 91423-2449; 818-382-3860. ($$)

Based on the simple premise that young people trying to appear more mature and independent often start using drugs in response to social influences, Project ALERT is designed to provide the motivation, skills, and practice students need to resist gateway substances (alcohol, tobacco, marijuana, and inhalants). Purchase of the curriculum materials also includes a full day training workshop by Project ALERT staff and other benefits.

Fetal Alcohol Syndrome Resource Guide

Organization: Indian Health Service
Year: 1994
Format: Book
Length: 63 pages
Target Audience: Prevention Specialists, Educators, Community Leaders
Inventory Number: IHS001
Availability: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686. (free)

This comprehensive resource for FAS information can benefit service providers both within and outside of the IHS system. The book provides resources for meeting the special needs of children with FAS/FAE, as well as parent education programs, cultural resources, and referrals to prevention and treatment services nationwide.

Adolescent Inhalant Abuse

Organization: Alberta Alcohol and Drug Abuse Commission
Year: 1992
Format: Facilitator's Manual and Workshop Guide
Length: 124 pages
Target Audience: Prevention or Treatment Professionals
Availability: Alberta Alcohol and Drug Abuse Commission, 10909 Jasper Avenue, Second Floor, Edmonton, Alberta

Canada T5J 3M9; 403-427-7319; Fax 403-422-5237. ($$)

This facilitator's manual provides an outline for a 1- to 2-day workshop to be delivered to professionals and paraprofessionals in the chemical dependency and social service fields. The presentation is also adaptable to an audience of parents. The workshop will familiarize participants with the scope of the inhalants problem, adolescents' development and special needs in relation to substance abuse, and community strategies for prevention, intervention, and treatment. Support materials and overheads are included.

The Challenge

Organization: U.S. Department of Education
Format: Newsletter
Target Audience: Teachers, Educators
Availability: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686. (free)

This quarterly newsletter contains lesson plans, information on state-of-the-art programs, and topical articles on alcohol and other drug use and prevention. Back issues featured topics such as spit tobacco, steroids, and prenatal drug abuse. To subscribe or order back issues, please contact NCADI.

For further information, write to NCADI, P.O. Box 2345
Rockville, MD 20847-2345

Studies, Articles, and Reports

Urban, Low-Income Communities

The Role of Social Factors and Individual Characteristics in Promoting Alcohol Use Among Inner-City Minority Youths

Epstein, J.A.; Botvin, G.J.; Diaz, T.; Schinke, S.P.

Journal of Studies on Alcohol 56(1):39-46, 1995

During seventh grade, many adolescents initiate alcohol use yet school drop-out rates are still low. Therefore, this is an ideal period of adolescence to examine predictors of alcohol use. The purpose of this study was to elucidate the etiology of alcohol use among an understudied population: disadvantaged inner-city minority youths. The authors attempted to develop as complete a model of predictors of alcohol use as possible from three domains: background characteristics, social influences to drink and individual characteristics. To explore alcohol use of youths who are living in poverty and are members of minority groups, New York City public schools from districts known to have predominantly minority student bodies with low socio-economics status (SES) were identified. Self-reports of alcohol use and data concerning background, social, environmental, and individual characteristics hypothesized to promote drinking alcohol were collected from Black and Hispanic seventh graders (N=757). Logistic regression analyses indicated that social influences from friends, peers, and parents predicted alcohol use. Most interestingly, the drinking status of the person the respondent most admired was related to drunkenness and future alcohol use. Individual characteristics, such as health-related knowledge concerning alcohol use and antidrinking attitudes, lowered the odds of drinking. These findings imply that effective prevention programs targeting inner-city minority youths should provide students with awareness of the social influences to drink, provide them with positive role models, and correct misperceptions about the prevalence of drinking among friends and peers.

Life Choices of African-American Youth Living in Public Housing: Perspectives on Drug Trafficking

Ricardo, I.B.

Pediatrics 93(6):1055-1059, 1994

Our understanding of youth involvement with drug trafficking is derived mainly from survey data. Personal narratives present the life choices that low-income, urban African-American youth perceive and the decisions that they make. Narratives provide insight into the complexities inherent in those choices. Twenty youth were interviewed through semiclinical, open-ended interviews. Youths were asked to describe their perceptions of how people their age make choices about becoming involved or refraining from involvement in drug trafficking. Data were analyzed within the context of psychological factors that influence child development, including attributions of personal meaning and identify formation. Youth narratives reflect an awareness of the contradictory messages present within their environments. Youths articulate the importance of family and peer influences on their decisions to encourage in or refrain from the drug trafficking. Their

perceptions of themselves as belonging to a racial minority group also influence their views regarding the viable alternatives available to them for achieving success. Youth who are able to identify alternative activities from which they can derive positive experiences are less likely to become involved in drug trafficking. Recommendations for intervention at the familial, community, and institutional levels are discussed.

Drug Use, Drug Trafficking, and Weapon Carrying Among Low-Income, African-American, Early Adolescent Boys

Black, M.M.; Ricardo, I.B.

The authors examined relationships involving three extremely high-risk behaviors (drug use, drug trafficking, and weapon carrying) among low-income, urban, African-American early adolescent boys using both quantitative and qualitative methods. The quantitative phase included 192 African-American boys from 9 through 15 years of age recruited from reaction centers located in low-income communities. Youth completed a survey addressing personal risk practices; intentions to engage in risk practices; risk taking among family, friends and community; and values toward risk practices. They also completed standardized assessments of sensation seeking, perceived peer pressure, and parent-child communication. All questionnaires were self-administered through MacIntosh computers programmed to present questions orally and visually. The qualitative phase included 12 African-American youth from low-income, urban families. The youth participated in 60- to 90-minute interviews regarding drug activities and violence. Most boys (73 percent) were not involved in either drug activities or weapon carrying. Boys who were involved in drug activities or weapon carrying were often involved in other high-risk activities (cigarette and alcohol use,

school failure and expulsion) and had low rates of adaptive communication with their parents. The boys reported high rates of drug involvement by their family, friends, and community. However, psychological and interpersonal factors were better predictors of individual risk activities than community or family variables. Personal values regarding economics predicted drug trafficking. More than 56 percent of the boys who reported past involvement in drug activities did not anticipate future involvement. Multilevel strategies are necessary to prevent involvement in drug activities and weapon carrying. Intervention programs should begin early and should promote communication between parents and children, adaptive behavior in school, and avoidance of cigarette and alcohol use. Community-level interventions are needed to alter the myth that drug involvement and weapon carrying are normative and to promote images that are less materialistic and more supportive of education and future-oriented activities.

The "Hustle": Socioeconomic Deprivation, Urban Drug Trafficking, and Low-Income, African-American Male Gender Identity

Whitehead, T.L.; Peterson, J.; Kaljee, L.

Drug trafficking seems to be both prevalent and associated with considerable morbidity and mortality among inner-city African-American males. Survey data has indicated the possible importance of economic need in the rapid emergence of drug trafficking in this population. In the present study, an historical-cultural approach is used to examine this economic relationship further and to explore the role that drug trafficking plays in a society that has permitted its successful and rapid growth. Data were obtained from interviews of approximately 600 African-Americans

residing in inner-city neighborhoods in Washington, DC, and Baltimore during nine drug- and acquired immunodeficiency syndrome-related studies conducted over 4 years. From the perspective of the study participants, the need to provide economic support for one's family as well as to achieve some sense of status, respect, and reputation among one's peers are two core constructs of masculine identity in the United States. The historical and worsening inequities in access to economic resources and power by African-American males are viewed as significantly reducing the opportunity for economic success through more social or legal enterprises. Pursuit of nonmainstream activities (such as drug trafficking) is perceived as offering an opportunity for economic advancement and for establishing a power base for individuals who have been denied access to mainstream opportunities.

Boys & Girls Clubs in Public Housing Developments: Prevention Services for Youth at Risk

Shinke, S.P.; Orlandi, M.A.; Cole, K.C.

Journal of Community Psychology OSAP Special Issue: 118-128, 1992

This article describes and evaluates the impact of Boys & Girls Clubs recently installed in residential public housing developments. Because most prevention interventions to date have been school-based, this study marks a development in prevention interventions for problem behavior among high-risk youth. The evaluation compares sites without Boys & Girls Clubs to sites with both previously and recently installed Boys & Girls Clubs. The results show that public housing developments with Boys & Girls Clubs have less drug-related activity, measurably fewer damaged and unoccupied units, and increased parental involvement in youth activities.

Homeless, Runaway, and Street Youth

A Substance Use Profile of Delinquent and Homeless Youths

Forst, M.L.; Crim, D.

Journal of Drug Education 24(3):219-231, 1994

The overall health status of delinquent and homeless youths is of increasing concern. These high-risk youth populations have a variety of health problems, including relatively high levels of substance abuse. This study provides empirical data on the substance use behaviors of a sample of delinquent and homeless youth in San Francisco, CA. The data, secured within the context of medical examinations, indicate that both samples use tobacco, alcohol, and illicit drugs at higher rates than the general adolescent population. The study concludes that drug education and prevention programs must be tailored to fit the needs and lifestyles of these two populations, and that the programs should be provided within the broader context of adolescent health care.

Street Youth and AIDS

Bond, L. S.; Mazin, R.; Jiminez, M. V.

AIDS Education and Prevention 4(3):14-23, 1992

An attempt is made to characterize the population of homeless street youth who are living marginally and to describe aspects of this population's dynamics, motivations, values, and aspirations. Street youth, ranging in age from birth to 21, are on the street for one reason or another — because of dire poverty in the home, which necessitates their working on the street to supplement the family income; because of rejection by parents or guardians; because of violence in the home or drug or alcohol use by family members; or because of lack of a place where they feel they

can be "themselves." These conditions make street youths particularly vulnerable to HIV infection, not to mention malnutrition, stress, and drug use. Their violently accelerated emotional maturation, ignorance, alcohol- and drug-induced confusion, together with the exploitation and sexual abuse of which they are often victims, are additional factors that contribute to sexual practices that may lead to HIV infection.

High-Risk Behaviors Among Male Street Youth in Hollywood, California

Pennbridge, J. N.; Freese, T. E.; Mackenzie, R. G.

High-risk sex and drug use behaviors are examined among 446 male street youth 14 to 23 years old in Hollywood, CA (the area in Los Angeles County with the highest number of AIDS cases). Comparisons are made based on whether the sex behaviors occurred in situations of "survival sex" ("sex you gotta do") and "recreational sex" ("sex you wanna do"). Ninety-seven percent of the males were sexually active with 27.1 percent involved in prostitution in the last 3 months. Involvement in prostitution is most common among older, gay identified males. The most prevalent risk factors seen among this group include inconsistent condom use (which also varies by social situation), high-risk sexual behaviors during both survival and recreational sex, large numbers of sexual partners, intravenous drug use, and the use of drugs and alcohol during all sex.

Teen Peer Outreach-Street Work Project: HIV Prevention Education for Runaway and Homeless Youth

Podschun, G. D.

Each year, there are approximately 2 million homeless and runaway youths in the United States. On any given night, there are 1,000 homeless youngsters living on the streets of San Diego, CA. Homeless young people are commonly involved in one or more of the following activities that place them at risk for HIV infection — unprotected sexual intercourse, needle-sharing in the use of injectable drugs, sex with someone who injects drugs. The Teen Peer Outreach-Street Work Project trains teen peer educators to work in three existing San Diego youth service programs with street outreach staff members to provide HIV prevention education and referral services to San Diego's homeless youth. Selected teens from the target population also participate in street-based case management that provides skill development to bring about behavioral and attitudinal changes. An HIV outreach program cannot stand alone and is most successful if it is integrated with services that meet the basic needs of its clients. In the three participating youth service programs of the Teen Peer Outreach-Street Work Project, food, clothes, and shelter information are provided. There are shelters in two of the three programs that become places where HIV educational messages, delivered on the street, can be reinforced. Immediate and concrete assistance can be offered to homeless youth.

Similarities in Drug Use and Depression Among Runaway Students and Street Youth

Smart, R.G.; Adlaf, E.M.; Walsh, G.W.; Zdanowicz, Y.

The problem of adolescents who run away from home has recently come to national prominence in the United States and Canada. Runaways are at a

high risk for becoming street youth. This paper compares student runaways, non-runaways, and street youth on alcohol and other drug use, problems, and psychological depression. Most runaways do not become street youth but leave home for brief periods, often going to neighbors, friends, or relatives' homes because of some temporary crisis. Studies of street youth show that those groups contain youth who have run away from home repeatedly. These youth have high rates of drug use. Few studies have been made of runaways in general samples of youth. No study has shown how similar runaways still in school compare to street youth. The authors expected that runaways in their study would be much higher than non-runaways and close to street youth with regard to drug use and depression.

Psychosocial Background and Behavioral and Emotional Disorders of Homeless and Runaway Youth

Feitel, B.; Margetson, N.; Chamas, J.; Lipman, C.

Hospital and Community Psychiatry
43(2):155-159, 1992

One-hundred fifty clients of a shelter for homeless youths in New York City were interviewed to obtain information about their backgrounds and the incidence of behavioral and emotional disorder. Most of the respondents came from backgrounds characterized by severe emotional deprivation and physical or sexual abuse. Of the 140 who completed the full interview, 90 percent fulfilled DSM-III-R criteria for an emotional or behavioral disorder. Fifty-nine percent had conduct disorder, three-quarters were depressed, 41 percent had considered suicide, and more than one-quarter had attempted suicide.

Predictors of Depression in Street Youth

Smart, R. G.; Walsh, G. W.

Adolescence 28(109):41-53, 1993

The extent of depression and other psychiatric problems among adolescent "street" and homeless populations is largely undocumented. Using a sample of 145 adolescent street youth interviewed in Toronto, Canada, this study attempted to extend the knowledge of street youth by examining the association of depression with alcohol and other drug use and related problems, social supports, self-esteem, family background, and alcohol and other drug use among family members. The results indicated that the best predictors of depression among street youth were self-esteem and length of time spent in a hostel.

Homeless Families with Children: Research Perspectives. Final Report of a Three-day Conference Sponsored by the National Institute of Mental Health and the National Institute on Alcohol Abuse and Alcoholism

Rockville, MD: NIAAA, 1992. 82 p.
(Available from the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686. Inventory Number HL60.)

More women and children are homeless today than ever before. In the 1980s, growing numbers of women and children transformed the homeless population. Many women were alone on the streets, but others had pre-school age children in tow. The following topics are addressed: (1) housing, poverty, and homelessness; (2) homelessness and prevention research; (3) the impact of homelessness on children; (4) mother and child interactions in high-risk families; (5) family violence and homelessness; (6) impact of substance abuse on homeless families; and (7) public policies, program responses, and evaluation strategies for homeless families.

Rural, Low-Income Youth

Risk Factors for Drug Use in Rural Adolescents

Farrell, A. D.; Anchors, D. M.; Danish, S. J.; Howard, C. W.

Journal of Drug Education 22(4):313-328, 1992

This study tested the relevance of a risk factor model for predicting drug use among rural adolescents. A questionnaire battery assessing drug use and the presence/absence of 20 risk factors derived from a previous study of urban adolescents was administered to a sample of seventh graders (N = 235) in the public school system of a rural community. All but one of these risk factors were found to be significantly related to at least one category of drug use. In addition, a risk factor index based on a subset of 10 risk factors was significantly associated with the prevalence and frequency of use for cigarettes, beer and wine, hard liquor, marijuana, and other drugs. These findings support the generalizability of a risk factor approach to predicting drug use, and underscore the need for increased prevention and research efforts directed at rural adolescents.

Rural Youth Usage of Alcohol, Marijuana, and "Hard" Drugs

Donnermeyer, J. F.

International Journal of the Addictions 28(3):249-255, 1993

Based on developmental theory, this article tests the relationships between first and current use of alcohol, marijuana, and other drugs among a sample of 197 rural and small-town youth. Findings indicate that age of first use of alcohol predicts current use of alcohol. The same pattern occurs for marijuana and other drugs. Age of first use of alcohol is also related to first use of marijuana, which in turn is related to first use of other drugs. The order is reversed for current use. Current use of other drugs predicts current use of marijuana, which in turn predicts current use of alcohol.

Gender Differences in Rural Adolescent Drinking Patterns

Pope, S.K.; Smith, P.D.; Wayne, J.B.; Kelleher, K.J.

Journal of Adolescent Health 15(5):359-365, 1994

This study examined differences in rural adolescent male and female drinking patterns, problem drinking behavior, and the factors associated with problem drinking behavior. An anonymous written survey was administered to 2,297 adolescents, ages 12 to 18 years, in a rural Mississippi River Delta county. Potential risk factors for problem drinking behavior examined included demographic, behavioral, peer, and parental characteristics. Drinking patterns were examined separately for male and female adolescent drinkers. Individual factors associated with problem drinking behavior for these rural adolescents were consistent with previous research. However, these factors were gender specific in prevalence. Males were more likely than females to report all of the behavioral and peer risk factors associated with problem drinking, except depressive symptoms, which were more frequently reported by females than males. The interactions of gender with race and gender with peer approval of drinking were significantly associated with problem drinking. The ratio of male to female problem drinkers among African-American adolescents was twice as high as the ratio among Caucasian adolescents. Females were much more strongly influenced by peer disapproval of drinking than were males. Prevention and intervention programs may be more effective for rural females if they target depression and focus on support systems, whereas intensive programs for adolescents with multiple high risk

behaviors may be more effective for rural males.

Substance Use Among Youth (Grades 4-12) in Rural Indiana: Students' Reported Use vs. Parents' Perceptions of Students' Use

Deffenbaugh, K. B.; Hutchinson, R. L.; Blankschen, M. P.

Journal of Drug Education 39(1):19-33, 1993

The purposes of this study were (1) to assess the usage of substances by 2,125 youth (grades 4-12) in rural Indiana and (2) to explore the differences between students' reported use of substances and parents' perceptions of students' use. While all parents believed that some students were using substances (i.e., cigarettes, alcohol, and marijuana), they underestimated the percentage of students in their child's grade who reported the use of a variety of substances, especially alcohol. If parents are to be allies in the fight against drugs, it is imperative they be aware of the dimensions of the problem.

An Alcohol and Drug Education Needs Assessment Survey Among 4-H Youth in Isolated, Rural Northeast Nevada

Smith, M.G.; Hill, G.C.

Journal of Alcohol and Drug Education 40(1):69-88, 1994

Data assessing the extent of drug and alcohol use among 4-H members were collected in the fall of 1990 from 255 youth in a three-county area of rural northeastern Nevada. The results were compared to a similar survey conducted in local schools by the Nevada State Department of Education. No statistically significant differences were found between the 4-H members' drug and alcohol use and students in the school survey. Seventy percent of the 4-H members indicated that 4-H had made a difference in their attitudes about drug and alcohol use. Yet, school was the most reported source of their current information about drugs and alcohol. Recommendations for 4-H programs wanting to implement contemporary programs are included.

Native-American, Low-Income Youth

Trends in Indian Adolescent Drug and Alcohol Use

Beauvais, F.

American Indian and Alaska Native Mental Health Research 5(1):1-12, 1992

Trends in overall drug use among Indian and non-Indian youth have followed similar patterns, increasing from 1975 to the early 1980s and, for the most-used drugs, declining since then. At every point in time more reservation Indian youth are involved with drugs than are non-Indian youth. Rates for cocaine and hallucinogen use by Indian youth increased until 1990. The decline in overall drug use has occurred because a considerable number of moderate users have shifted to non-use. There has been no decrease in the proportion of high-risk users; since 1980, it has stayed between 17 percent and 20 percent. Societal changes and prevention programs are reaching casual drug users but not those susceptible to heavy drug involvement.

Comparison of Drug Use Rates for Reservation Indian, Non-Reservation Indian and Anglo Youth

Beauvais, F.

American Indian and Alaska Native Mental Health Research 5(1):13-31, 1992

Rates of drug use and involvement were compared for three groups: Indian youth living on reservations, Indian youth living off reservations, and Anglo youth. A consistent pattern emerged,

showing the lowest rates of use among Anglo youth, higher rates among non-reservation Indian youth, and the highest rates among Indian youth on reservations. Rates of tobacco use, both smoked and smokeless, and marijuana use are especially high for Indian youth. Indian youth also show a pattern of earlier initiation to drug use. Gender differences reveal slightly higher rates of use for males, although the differences are not great enough to suggest that prevention efforts for males should have a higher priority.

Drug Use Patterns Among American Indian and Alaska Native Youth: Special Rural Populations

Beauvais, F.; Segal, B.

Drugs and Society 7(1/2):77-94, 1992

American Indian and Alaska Native communities illustrate the great diversity found among the rural populations of the United States. These communities are marked by cultural, socioeconomic, and historical patterns that differ from other rural groups, causing a distinctive set of social problems. American Indian and Alaska Native youth show exceptionally high levels of drug use compared to the national average for youth. Because Native groups share a number of similar cultural characteristics, it could be hypothesized that the rates of drug use among them are related to cultural traits. However, non-Native Alaskan youth also have high rates of drug use, indicating factors in the social environment other than culture that account for drug use. Possible explanatory factors include uncertain economic conditions, family instability, and lack of access to cultural values. Although rural living in itself is not necessarily a contributing factor to drug use, it does place some constraints on intervention efforts. Geographic isolation and lack of adequate health and social service resources make it difficult to develop ade-

quate prevention and treatment services.

Knowledge, Intent to Use, and Use of Smokeless Tobacco Among Sixth Grade Schoolchildren in Six Selected U.S. Sites

Backinger, C. L.; Bruerd, B.; Kinney, M. B.; Szpunar, S. M.

Public Health Reports 108(5):643-645, 1993

Questionnaires on smokeless tobacco use were completed by 781 sixth grade students in 15 schools at six locations in the United States. The students were both American Indian-Alaskan Native and non-American Indian-Alaskan Native. The Indian and Alaskan Native school children were experimenting with and regularly using smokeless tobacco at higher rates than non-Indian school children. At Indian Health Service sites, 28.1 percent of the children reported current use of smokeless tobacco, compared with 3.3 percent of the children elsewhere. For girls reporting smokeless tobacco experimentation, the comparison was 68.9 percent at Indian Health Service sites and 8.7 percent at non-Indian sites; for boys, it was 79.1 percent from the Indian sites and 35.4 percent from the non-Indian sites. For those students who had tried smokeless tobacco, more than half also reported having tried cigarettes. The majority of all sixth grade students surveyed were aware of the health risks of smokeless tobacco use in that it is an increased risk for cancer.

Examining Conceptual Models for Understanding Drug Use Behavior Among American Indian Youth

King, J.; Thayer, J.F.

In: M.R. DeLaRosa and J.R. Adrados, Eds., Drug Abuse Among Minority Youth: Methodological Issues and Recent Re-

search Advances. NIDA Research
Monograph 130.
Rockville, MD: National Institute on Drug
Abuse, 1993. 348 p (pp. 129-143)
(Available from the National Clearinghouse
for Alcohol and Drug Information, P.O.
Box 2345, Rockville, MD 20847-2345; 800-
729-6686. Inventory Number M130.)

Two promising theoretical models for predicting substance abuse were examined. The life stress and social support theory identified life stress as a significant influence on levels of family support and drug use but for unknown reasons it did not predict levels of alcohol use. Family support moderates rates of alcohol use and is itself also influenced by life stress factors. Overall, life stress appears to be a major influence on factors related to substance use. The peer cluster theory also identified factors significant to substance use. Family strength or parental expectations were found to influence levels of friend support, family support, and school adjustment. Adolescents who received greater friend support and had better school adjustment chose same-age peers to drink with.

Annotated Bibliography of Papers on Drug Abuse Among Indian Youth by Staff of the Tri-Ethnic Center for Prevention Research
Beauvais, F.

American Indian and Alaska Native Mental Health Research 5(1):68-78, 1992

References and abstracts of articles on drug and alcohol use by American Indian youth that have been published by staff of the Tri-Ethnic Center for Prevention Research are provided. Publications begin in 1978, noting high rates of use, particularly of inhalants. Subsequent papers are concerned with epidemiology, psychosocial correlates of use, prevention, and treatment. The number preceding each entry refers to

the reprint filing system of the Tri-Ethnic Center.

Effects of Primary Prevention on Attitudes and Alcohol and Other Drug Use with At-Risk American-Indian Youth
Conner, J. L.; Conner, C. N.

In: C. E. Marcus, J. D. Swisher, Eds., Working
With Youth in High-Risk Environments:
Experiences in Prevention. CSAP Prevention Monograph 12.
Rockville, MD: Center for Substance Abuse
Prevention, 1992. 210 p (pp. 31-42)
(Available from the National Clearinghouse
for Alcohol and Drug Information, P.O.
Box 2345, Rockville, MD 20847-2345; 800-
729-6686. Inventory Number BKD80.)

The study assessed the impact of an intensive retreat for American-Indian youth in high-risk environments. It found that the experience greatly reduced excessive drinking among the targeted adolescents. The evaluation design was unique in assessing attitudes that were and were not expected to change. Those variables not expected to change because they were to related to the goals of the retreat served as a control for the attitudes that were expected to change. The results were consistent with these expectations and the model for evaluation was appropriate for demonstration programs.

Recent Research on Substance Abuse Among American Indian Youth. Prevention Research Update no. 11
Austin, G.; Oetting, E. R.; Beauvais, F.

Fall 1993. 74 p.
(Available from the Western Regional Center for Drug-Free Schools and Communities, 101 SW Main Street, Suite 500, Portland, OR 97204; 503-275-9480.)

This report is part of a current awareness service. It summarizes recent research on adolescent drug use and its prevention. Each issue abstracts and

reviews the prevention implications of new research dealing with a major topic of concern in the field; in this case the problem of substance abuse among Native American youth. The report includes the nature and extent of the problem, use correlates and risk factors, prevention strategies, and a conclusion of the research. AOD use and abuse in the Native American population have long been at a crisis level. Since the 1986 Indian Health Service launching of an intensive, community-based prevention initiative there has been a rapid increase in research. The body of research has increased so markedly that this update report became warranted. In this overview, the findings of studies in regard to the nature and extent of AOD use is reviewed on a drug-by-drug basis. This is followed by a summary of the research on use correlates, especially the risk factors that account for the high levels of use among this population, as well as the protective factors that promote resiliency. The final section discusses the prevention implications of these findings and reviews published program evaluations. Taken as a whole, the evidence indicates that Native American youth generally still exhibit greater use of psychoactive substances than youth in any other U.S. ethnic group.

Low-Income Pregnant Women and Teenagers

Comprehensive Adolescent Pregnancy Services: A Resource Guide

Holt, K. A. (Ed.); Langlykke, K. (Ed.)

July 1993. 81 p.
(Available from the National Maternal and Child Health Clearinghouse, 2070 Chain Bridge Road, Suite 450, Vienna, VA 22182; 703-821-89955 ext. 254.)

The problems associated with adolescent pregnancy are well documented and continue to challenge health care providers, community workers, social service personnel, educators, policy makers, and especially the young men and women and their families whose lives are so intimately affected. Problems such as poor educational achievement, poverty, family instability, homelessness, lack of prenatal care, low birthweight infants, and compromised child development persist for adolescent parents and their children. A resource guide provides information concerning adolescent pregnancy, prevention, and care. A substantial number of resources deal with the prevention of adolescent pregnancy because interventions that address the underlying issues and lower the incidence of pregnancy, especially among younger adolescents, are critical to improving the overall health of adolescents. Resources also are included dealing with pregnancy care and parenting education to help assure optimal outcomes for both the adolescent and his or her child. The resource listing is divided into three sections: (1) publications and resource materials; (2) organizations; and (3) commercial educational resources.

Adolescent Substance Prevention Education Network: Rural-Based Pilot Program for Preventing Alcohol and Other Drug Use Among Pregnant Adolescents

Ford, T. D.; Sarvela, P. D.

In: C. E. Marcus, J. D. Swisher, Eds., Working with Youth in High-Risk Environments: Experiences in Prevention. CSAP Prevention Monograph 12.
Rockville, MD: Center for Substance Abuse and Prevention, 1992. 210 p. (pp. 31-42)
(Available from the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686. Inventory Number BKD80.)

Rural youth have unique disadvantages as a result of their isolation and attendant transportation barriers. A program was funded to provide outreach to pregnant teenagers, only half of whom

were in school. AOD use was found to be extensive among the girls, particularly in the last 3 months of pregnancy.

Prenatal Alcohol Education for Low-Income Women with Interactive Multimedia
Kinzie, M.B.; Schorling, J.B.; Siegel, M.

Patient Education and Counseling
21(1/2):51-60, 1993

Prenatal alcohol education for low-income expectant mothers is discussed, with a focus on an interactive multimedia program called "The Healthy Touch." The program was created using Hypercard (TM) software for the Macintosh SE computer with a touch-sensitive screen. The program is designed for women of low literacy levels and uses simple terms and provides narration throughout. The welfare of the women's babies is the focal point for changing behaviors. The program went through two cycles of field-testing and revision to determine the appropriateness of the content and the acceptability of the computer format, and to evaluate the interactive functions of the program. The program provides health education via photographic, graphic, spoken narrative, and musical modes, with limited on-screen text. It is concluded that the program offers valuable information in a desirable format. The article includes a brief review of the literature addressing the effects of alcohol consumption during pregnancy, intervention strategies, and interactive multimedia as an educational tool.

Breaking the Cycle: The Homeless Addicted Mother
Griffith, E.M.

In: M.M. Murray, (Ed.), Volume III: Innovative Strategies for Treating Alcohol and Drug Abuse Problems among Homeless Men and Women.
Rockville, MD: U.S. Department of Health and Human Services, 1992. 172 p. (pp. 125-151)

(Available from the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686. Inventory Number HL71.)

This chapter describes the Diagnostic and Rehabilitation Center's (DRC) approach to closing the gap in services for women and their children in Philadelphia, PA. The approach included the provision of a safe, supportive, and drug-free residential facility for mothers and their young children and pregnant women. In combination with this residence, it provided outpatient substance abuse treatment, not in the residential facility, but at DRC's main treatment facility. The women in this project are young, minority, urban mothers who are actively struggling with intergenerational cycles of substance abuse, child abuse, disorganized families, and few environmental resources. They are homeless, polydrug-addicted mothers in treatment for alcohol and other drug problems. The service intervention of this project is described, as is the program concept, policy, staffing, criteria for admission, intake information, protocol for clients, initial plan, progress notes, client tracks, resident plan, and aftercare plan.

Aftercare for Formerly Homeless, Recovering Women: Issues for Case Management
McMillan, D.; Cheney, R.

In: R. S. Ashery, Ed., Progress and Issues in Case Management. NIDA Research Monograph 127.
Rockville, MD: National Institute on Drug Abuse, 1992. 401 p. (pp. 274-288)
(Available from the National Clearinghouse for Alcohol and Drug Information, P. O. Box 2345, Rockville, MD 20847-2345; 800-729-6686. Inventory Number M127.)

The Aftercare project, which is in the beginning stages, focuses on 200 formerly homeless recovering women with children. The target population will be randomized into two groups. One group will receive peer support and

case management and the other will receive case management alone. Subjects will be followed for 18 months. The case load will consist of one case manager to 15 families. The case management model incorporates a philosophy of empowerment. Several barriers in working with the target population are identified, including the need for life and parenting skills, manipulative coping behaviors, transportation, and the potential for relapse. Roles also are identified for the case manager, including advocate, treatment coordinator, educator, and therapist. Major gaps in services, such as the lack of affordable housing, affordable child care, and material goods, will require advocacy by the case manager.

Other Publications about Poverty and Substance Abuse

Household Poverty in Rural and Metropolitan-Core Areas of the United States

Brown, D.L. ; Hirschl, T.A.

Rural Sociology 60(1):44-66, 1995

Urban poverty and rural development literatures are used to identify the determinants of poverty, resulting in the hypothesis that controlling for household and contextual-level variables would reduce metropolitan (metro) core versus rural differences in the likelihood of poverty. Modeling data from the 1985 wave of the Panel Study of Income Dynamics, rural households have the highest probability of poverty followed by the metro core. Both household and contextual factors were important determinants of the chances of household poverty. However, controlling for these determinants failed to eliminate the greater likelihood of rural versus metro-core poverty. Findings indicate the need for new directions in future poverty research and a reconsideration of the importance of space in sociological theory.

Family Assessment and Treatment Planning for Adolescents with Alcohol, Drug Abuse, and Mental Health Problems

Combrinck-Graham, L.

In: W. Snyder and T. Ooms, Eds., Empowering Families, Helping Adolescents: Family-Centered Treatment of Adolescents with Alcohol, Drug Abuse, and Mental Health Problems. Technical Assistance Publication Series Number 6.
Rockville, MD: Center for Substance Abuse Treatment, 1992. 204 p. (pp. 43-52)
(Available from the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686. Inventory Number BKD81.)

Involving the family in assessing and making decisions about the care and treatment of the troubled adolescent is essential to diminish the estrangement and incursions on sense of competence and confidence that inevitably accompany problems with alcohol and other drug abuse and emotional disturbance. Highly involved and competent families that have the resources to devote to the care of their youngsters may be able to be the major context of treatment, providing supervision for the suicidal, attention to the withdrawn, and limits for the antisocial. On the other hand, families that are seriously impaired by other stresses, such as poverty, mental illness, relocations, job loss, or abuse of alcohol and other drugs, may not be able to care for their youngsters; however, they can be involved in thoughtful decisions about how the youth should be cared for and can maintain meaningful connections with their children throughout treatment. This can be done, however, only if the family is the center of the assessment and treatment plan.

State of America's Children 1994

Children's Defense Fund
Washington, DC: Children's Defense Fund, 1994. 103 p.
(Available from Children's Defense Fund Publications, 25 E Street NW, Washington, DC 20001; 202-662-3652.)

Concerns about family economic insecurity dominated much of the Nation's public discourse during the past year. Stubbornly high levels of joblessness and widespread layoffs have kept millions of parents anxious about their own ability to support their children. Fears of possible job loss have been powerful themes in the push for national health reform and the recent debate on the North American Free Trade Agreement (NAFTA). At the same time, the announcement in 1993 of yet another increase in child poverty during the previous year reaffirmed suspicions that the current economic recovery is not reaching many of America's most vulnerable families. As reports of child abuse and neglect continued to climb, Congress passed significant child protection and family support reforms in the form of a new Family Preservation and Support Services Program and increased funding for preventive community-based mental health services for children. Child care has become a basic necessity for millions of American families. In 1993, 54 percent of mothers with children younger than three years of age, and 64 percent of those with children ages three to five, were in the civilian labor force. And many parents, regardless of whether they require child care because of employment, now want their children to have some kind of preschool experience to help them prepare them for school. Rising teen birth rates, steadily increasing youth violence, and persistent employment and education problems for teens and young adults provided powerful warnings in 1993 that American society cannot afford to allow so many children to drift into unproductive or destructive dead-end paths during their adolescence. The degree to which anxiety about violence permeates children's lives was documented powerfully during the year by several nationwide polls, including one released by the Children's Defense Fund (CDF) and *Newsweek* magazine in which nearly three-quarters of the surveyed parents and more than half of the children said their top worry is that a loved one would become a victim of a violent crime.

Medicine Seeks to Prevent More 'Lost Generations' of Low-Income Children with Avoidable Problems

Zylke, J. W.

JAMA: Journal of the American Medical Association 267(21):2856, 1992

This article focuses on facing the problems confronting children living in the inner cities today. The viewpoints of several speakers at an American Academy of Pediatrics meeting are cited. Creativity, cooperation, and long-term vision will be key in solving the problems, especially those that are preventable or treatable such as low birth weight, injuries, measles, and tuberculosis. One physician argues that in addition to health care financing reform, proven public health measures must be made available and more focused treatment and prevention programs targeted to children and families are needed. Key to such public health measures will be convenient access to medical care. For children and adolescents, the school is a logical location. The primary source of health care for many poor children is the emergency department. Barbara Barlow, MD, chief of pediatric surgery, Harlem Hospital, reported that 1 in 100 children in her community were being admitted with major injuries. With the help of the community, the Harlem Hospital Injury Prevention Program was created. Education about safety was a critical component of the program as were various

programs aimed at getting children off of the streets. According to George Foltin, director of the Bellevue Hospital Pediatric Emergency Department, the continued escalation in violence, substance abuse, and poverty cannot be remedied by individual programs or short-term solutions. The only real solutions will be long-term; he called for the implementation of the recommendation of the National Commission on Children.

Groups, Organizations, and Programs

American Youth Work Center
1200 17th Street, NW
4th Floor
Washington, DC 20036
202-785-0764

Boys Clubs of America
771 First Avenue
New York, NY 10017
212-351-5906

Camp Fire, Inc.
4601 Madison Ave.
Kansas City, MO 64112
816-756-1950

CDC's National AIDS Clearinghouse
P.O. Box 6003
Rockville, MD 20849-6003
800-458-5231

Center for Science in the Public Interest
1875 Connecticut Avenue, NW
Suite 300
Washington, DC 20009-5728
202-332-9110

Center for the Study of Small/Rural Schools
555 E. Constitution Street, Suite 213
University of Oklahoma
Norman, OK 73072-7820
405-325-1450

Community Transportation Association of America
1440 New York Avenue, NW
Suite 440
Washington, DC 20005
202-628-1480

Drug Information and Strategy Clearinghouse (HUD)
P.O. Box 6424
Rockville, MD 20850
800-245-2691

ERIC Clearinghouse on Rural Education and Small Schools
Appalachia Educational Laboratory
P.O. Box 1348
Charleston, WV 25325
800-624-9120

Farm Safety for "Just Kids"
110 South Chestnut
P.O. Box 458
Earlham, IA 50072
515-758-2827

Girls Clubs of America, Inc.
30 East 33rd Street, 7th Floor
New York, NY 10016
212-689-3700

Hazelden Educational Materials
P.O. Box 176
Center City, MN 55012
800-328-9000

Healthy Nations National Program Office
UCHSC University North Pavilion
4455 E. 12th Avenue
Denver, CO 80220
303-372-3272

International Institute for Inhalant Abuse
450 W. Jefferson
Englewood, CO 80110
303-788-1951

"Just Say No" International
2101 Webster Street
Suite 1300
Oakland, CA 94612
800-258-2766

March of Dimes
1275 Mamaroneck Avenue
White Plains, NY 10605
914-428-7100

Marin Institute for the Prevention of Alcohol and Other Drug Problems
24 Belvedere Street
San Rafael, CA 94901
415-456-5692

Mothers Against Drunk Driving (MADD)
511 E. John Carpenter Freeway
Suite 700
Irving, TX 75062
214-744-6233
800-GET-MADD

National 4-H Council
7100 Connecticut Avenue
Chevy Chase, MD 20815-4999
301-961-2800

National Agriculture Library
Youth Development Education Center
Room 304
10301 Baltimore Boulevard
Beltsville, MD 20705-2351
301-504-6400

National Association for Native American Children of Alcoholics (NANACoA)
611 12th Avenue South, Suite 200
Seattle, WA 98144
206-324-9360
800-322-5601

National Association of State Alcohol and Drug Abuse Directors (NASADAD)
444 North Capitol Street, NW
Washington, DC 20001
202-783-6868

National Association of Teen Institutes
87909 Manchester Road
St. Louis, MO 63144
314-962-3456

National Black Child Development Institute (NBCDI)
463 Rhode Island Avenue, NW
Washington, DC 20005
202-387-1281

National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686
800-487-4889 TDD

National Coalition of Hispanic Health and Human Services Organizations (COSSMHO)
1501 16th Street, NW
Washington, DC 20005
202-387-5000

National Coalition for the Homeless
1612 K Street, NW
Suite 1004
Washington, DC 20006
202/775-1322

National Collaboration for Youth
1319 F Street, NW, Suite 601
Washington, DC 20004
202-347-2080

National Council on Alcoholism and Drug Dependence, Inc. (NCADD)
12 West 21st, 7th Floor
New York, NY 10017
800-NCA-CALL

National Families in Action
National Drug Information Center
2296 Henderson Mill Road, Suite 204
Atlanta, GA 30345
404-934-6364

National Family Partnership
11159-B South Towne Square
St. Louis, MO 63123-7824
314-845-1933

National Head Start Association
201 N. Union Street, Suite 320
Alexandria, VA 22314
703-739-0875

National Network of Runaway and Youth Services, Inc.
1400 Eye Street, NW, Suite 330
Washington, DC 20004
202-783-7949

National Rural Health Association
One West Armour Boulevard
Suite 301
Kansas City, MO 64111
816-756-3140

National Rural Institute on Alcohol and Drug Abuse
Arts and Sciences Outreach Office
OL 1142
University of Wisconsin - Eau Claire
Eau Claire, WI 54702-4004
715-836-2031

National Urban League, Inc.
Substance Abuse Programs
500 East 62nd Street
New York, NY 10021
212-310-9000

Scott Newman Center
6255 Sunset Blvd., Suite 1906
Los Angeles, CA 90028
213-469-2029
800-783-6936

U.S. Office of Rural Health Policy
Parklawn Building, Room 9-05
5600 Fishers Lane
Rockville, MD 20857
301-443-0835

WIC, Supplemental Food Program Division
Food and Nutrition Service
U.S. Department of Agriculture
3101 Park Center Drive, Room 540
Alexandria, VA 22302
703-756-3730

YMCA of the USA
101 North Wacker Drive
Chicago, IL 60606
312-977-0031

YWCA of the USA
726 Broadway
New York, NY 10003
212-614-2700

For further information, write to NCADI, P.O. Box 2345
Rockville, MD 20847-2345

Internet Access Sites

Federal Resources:

Administration for Children and Families
http://www.acf.dhhs.gov/

The Emergency Food And Shelter National Board Program
http://www.fema.gov/fema/efs. html

National Clearinghouse for Alcohol and Drug Information (NCADI) and PREVline
ftp://ftp.health.org
gopher://gopher.health.org
http://www.health.org

National Health Information Center (NHIC)
http://nhic-nt.health.org

The U.S. Census Bureau (Includes Income and Poverty Statistics)
http://www.census.gov/

U.S. Department of Health and Human Services
gopher:// gopher.os.dhhs.gov
http://www.os.dhhs.gov

U.S. Department of Housing and Urban Development
gopher://gopher.hud.gov/1
http://www.hud.gov/

Other Resources:

54 Ways You Can Help The Homeless
http://ecosys.drdr.virginia.edu/
ways/54.html

Al-Anon and Alateen
http://solar.rtd.utk.edu/~al-anon/

Alcoholics Anonymous Resources Online
http://www.casti.com/aa/

Family World HomePage
http://family.com/homepage.html

Habitat for Humanity International
http://www.students.uiuc.edu/~jwyckoff
/HfH.html

Men's Issues Page
http://www.vix.com/men

National Coalition for the Homeless
http://nch.ari.net/

SafetyNet: Domestic Violence Resources
http://www.cybergrrl.com/dv.html

Web of Addictions
http://www.well.com/user/woa/